

## HEALTHCHECK FAMILY HISTORY

**Instructions:** Please list all family members, natural or blood relatives, living or dead with present or past illnesses, disabilities or conditions. For each person, check those which apply. Use space below to indicate other illnesses, disabilities, conditions, or any other significant information.

Name of Recipient

Birth Year of Family Member / Blood Relative													
Present or Past Illness	Natural Father	Natural Mother											Any of the Grandparents
AUTISM													
ALCOHOLISM (Drinking Problem)													
ALLERGIES OR ASTHMA													
BEHAVIORAL DIFFICULTIES													
BIRTH DEFECTS													
CANCER													
DIABETES													
EPILEPSY													
HEARING DISABILITIES													
HEART ATTACK UNDER AGE 40													
HIGH BLOOD CHOLESTEROL													
HIGH BLOOD PRESSURE													
LEARNING DIFFICULTIES													
MENTAL ILLNESS													
MENTAL RETARDATION													
NEED FOR SPECIAL EDUCATION													
SPEECH AND LANGUAGE PROBLEMS													
VISION DIFFICULTIES													
IF DECEASED, AGE AT DEATH													
IF DECEASED, CAUSE OF DEATH													

Any other illnesses, disabilities or conditions that run in your family that you are concerned about?

Any other significant information?